

TIMESHEET

Fax Number: **01623 404 235**

Week Ending:

Candidate's Name:						Covering:					
Date of Birth:											
School Name:											
School Address:											
Postcode:											
<i>Please tick</i>											
Monday		Tuesday		Wednesday		Thursday		Friday		TOTAL DAYS	
Date:		Date:		Date:		Date:		Date:			
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
<u>CANDIDATE</u>						I acknowledge that I have been given a copy of my terms of contract issued by Teachers UK, which is mine to keep, and that I have read those terms and agree to abide by them.					
Signed:											
Printed:											
Dated:											
<u>SCHOOL</u>						We confirm that we have been given a copy of the current Terms and Conditions of Business issued by Teachers UK, that we have read those terms and agree to abide by them, and that the days claimed are correct.					
Signed:											
Printed:											
Dated:											

TO AVOID ANY DELAY WITH YOUR PAYMENT PLEASE ENSURE THAT ALL DAYS ARE AUTHORISED AND THE TIMESHEET REACHES US NO LATER THAN MONDAY EVENING AT 5:00PM (1700 HOURS)